

102

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09974814**
FILING DATE: _____
APPLICANT(S): _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | | |
| 2 | | | | | | |
| 3 | | | | 1 | | |
| 4 | | | | 1 | | |
| 5 | | | | 1 | | |
| 6 | | | | 1 | | |
| 7 | | | | 1 | | |
| 8 | | | 1 | | | |
| 9 | | | | | | |
| 10 | | | | 1 | | |
| 11 | | | | 1 | | |
| 12 | | | | 1 | | |
| 13 | | | | 1 | | |
| 14 | | | | 1 | | |
| 15 | | | 1 | | | |
| 16 | | | | | | |
| 17 | | | | 1 | | |
| 18 | | | | 1 | | |
| 19 | | | | 1 | | |
| 20 | | | | 1 | | |
| 21 | | | | 1 | | |
| 22 | | | 1 | | | |
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| 24 | | | | 1 | | |
| 25 | | | | 1 | | |
| 26 | | | | 1 | | |
| 27 | | | | 1 | | |
| 28 | | | | 1 | | |
| 29 | | | 1 | | | |
| 30 | | | | | | |
| 31 | | | | 1 | | |
| 32 | | | | 1 | | |
| 33 | | | | 1 | | |
| 34 | | | | 1 | | |
| 35 | | | | 1 | | |
| 36 | | | 1 | | | |
| 37 | | | | | | |
| 38 | | | | 1 | | |
| 39 | | | | 1 | | |
| 40 | | | | 1 | | |
| 41 | | | | 1 | | |
| 42 | | | | 1 | | |
| 43 | | | 1 | | | |
| 44 | | | | | | |
| 45 | | | | 1 | | |
| 46 | | | | 1 | | |
| 47 | | | | 1 | | |
| 48 | | | | 1 | | |
| 49 | | | | 1 | | |
| 50 | | | 1 | | | |
| TOTAL IND. | | | 5 | | | |
| TOTAL DEP. | | | 35 | | | |
| TOTAL CLAIMS | | | 40 | | | |

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|--------------|----|---|--|--|--|--|
| 51 | | | | | | |
| 52 | | 1 | | | | |
| 53 | | 1 | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
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| 59 | | 1 | | | | |
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| 64 | 1 | | | | | |
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| 67 | | 1 | | | | |
| 68 | | 1 | | | | |
| 69 | | 1 | | | | |
| 70 | | 1 | | | | |
| 71 | | 1 | | | | |
| 72 | | 1 | | | | |
| 73 | | 1 | | | | |
| 74 | | 1 | | | | |
| 75 | | 1 | | | | |
| 76 | | 1 | | | | |
| 77 | | 1 | | | | |
| 78 | | 1 | | | | |
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| 98 | | 1 | | | | |
| 99 | | 1 | | | | |
| 100 | | 1 | | | | |
| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 45 | | | | | |
| TOTAL CLAIMS | 47 | | | | | |

2 of 2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 10 | | 1 | | | | |
| 10 ² | | 1 | | | | |
| 10 ³ | 1 | | | | | |
| 10 ⁴ | | 1 | | | | |
| 10 ⁵ | | 1 | | | | |
| 10 ⁶ | | 1 | | | | |
| 10 ⁷ | | 1 | | | | |
| 10 ⁸ | | 1 | | | | |
| 10 ⁹ | | 1 | | | | |
| 11 | | 1 | | | | |
| 11 ² | | 1 | | | | |
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| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 11 | | 11 | | 11 | |
| TOTAL DEP. | | 11 | | 11 | | 11 |
| TOTAL CLAIMS | 11 | 11 | 11 | 11 | 11 | 11 |

SERIAL # 09 974 814 FILING DATE _____
APPLICANT (S) _____

| MS | | | | | | |
|-----------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |